

ZK - 24-25/v2

Fire Secure Proposal Form

FSP

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non-disclosure in any material particular in the Proposal Form /personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).

FOR OFFICE USE ONLY

Quote No. *	Quote Date*	Branch Code	Sales Manager Code	Intermediary Code	Intermediary Service RM	Intermediary Branch code	Intermediary business vertical	Intermediary Client Ref No.	SP Name / Code

PROPOSER / OWNER'S DETAILS

Title Mr. / Ms. / Dr. / M/s / Others

Name* First Name Middle Name Last Name

Registered Office Address / Permanent Address*

Address (Line 1)

Address (Line 2) Nearest Landmark

City / District State Pin Code Country

Is the Communication Address same as the Registered Office Address / Permanent Address?* Yes No If 'No', please provide below

Communication (Postal) Address*

Address (Line 1)

Address (Line 2) Nearest Landmark

City / District State Pin Code Country

Contact No. Email ID GSTIN

For Individual customers, please share below details:

PAN*: / Form 60 (only in case the customer does not have PAN No.) Yes No

GSTIN:

Occupation Business Salaried Professionals Student Housewife Retired Others

Nationality* Indian Non-Indian NRI

Annual Income Upto 2.5 lacs 2.5 - 6 lacs 6 - 10 lacs 10 - 15 lacs 15 - 20 lacs 20 - 25 lacs > 25 lacs

CKYC Identifier / Number (Generated by CERSAI)

Please share the following for authentication purpose:

Proof of Identity (POI) and Proof of Address (POA) [(✓) Tick whichever is applicable]

PAN Aadhaar Passport Driving Licence Voter ID Card Others (Please specify):

For Corporate customers, please share below details:

CKYC Identifier / Number (Generated by CERSAI):

PAN*: GSTIN:

Please share the below details for the Authorised Signatory:

Name: Designation:

CKYC Identifier / Number (Generated by CERSAI):

Any existing policy from Us Yes No If 'Yes', Policy No Are you a Non-profit Organization? Yes No

Hypothecation Details: Bank Name

2. Insured & Risk Details

Is the Insured is same as Proposer / Owner?* Yes No If No., Please provide below

Title Mr. / Ms. / Dr. / M/s / Others

Name*

First Name

Middle Name

Last Name

Communication Address

Address (Line 1)

Address (Line 2)

Nearest Landmark Area Pin Code

City / District State Country

Risk Location*

Address (Line 1)

Address (Line 2)

Nearest Landmark Area City / District

State Pin Code Country

Business of Insured Paid up Capital of the firm

Zurich/Kotak Group Employee Yes No If 'Yes', Employee ID Any Existing Policy From Us Yes No If 'Yes', Policy No

Are you an existing customer of Kotak Mahindra Bank Ltd. / Kotak Mahindra Prime Ltd.? Yes No If 'Yes', CRN

3. Policy to be issued in favor of ((list out all the parties who have insurable interest) including the financial institutions)

4. Location of risk to be covered - full postal address with pin code

5. Period of Insurance: From to

6. Would you like to delete any of following covers from the basic cover?

a. Flood, Cyclone, group of perils Yes No.

b. Riot, Strike & Malicious damage Yes No

7. Whether you have insured the same property with any other Insurance Company with the same type of coverage. (Give details)

8. Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)

9. Kindly share Premium / Claim details for the past 36 months excluding the expiring policy period

Year	Policy No.	Premium	Claim
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Details of Business covered at the insured location
 The Insured property is

Residence, Office, Shops, Hotels etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial/Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Storages outside industrial risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tanks / Gas Holders outside Industrial Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities located outside Industrial Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. If used as Shop please declare whether the goods handled are as per the following list. If yes, whether the stock value will exceed 5% of shops value

1. Celluloid goods **2.** Coir Loose **3.** Crackers & Fire Works **4.** Explosives of any kind **5.** Hay/Straw **6.** Hemp **7.** Jute Loose **8.** Matches **9.** Methylated Spirit, **10.** Nitro-Cellulose Plastics **11.** Oils/Ether/Industrial Solvents and other inflammable liquids flashing at and below 32 Deg.C (Closed Cup test) **12.** Paints with inflammable base having flash point below 32 Deg.C (Closed Cup test) - Other than in sealed tins or drums **13.** Varnishes having a Flash point below 32 Deg.C (Closed Cup test) - Other than in sealed tins or drums **14.** Disinfectant liquids and liquid insecticides - Other than in sealed tins or drums **15.** Vegetable fibres of any kind including Rayon Fibre.

12. If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored

13. If used as an Industrial Manufacturing unit give products manufactured at the location proposed.(detailed block plan showing various facilities to be enclosed)

14. If used as an Industrial Manufacturing unit, please state whether the factory is working or silent ? Yes No

15. Kindly update on Fire Protection devices installed, Please Tick the correct answer in the box below

List out the various blocks and indicate the type of protection provided for each block	Hand appliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hose reels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Trailer pumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fire engines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Mutual Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hydrant System	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fire alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Smoke detection system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fire Diversion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Spot Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Co2 flooding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fixed water Spray system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Independent Sprinkler	<input type="checkbox"/> Yes	<input type="checkbox"/> No

16. The basis proposed for insurance (Building/ machinery/ Furniture Fixture and Fittings)

Market value Basis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reinstatement Value Basis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whether escalation clause is required	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17. Details on construction

a) Construction Details, Please state material used	i) Walls.....
	ii) Floor.....
	iii) Roof.....
b) Height of BuildingMeters
c) Age of Building	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-20 years <input type="checkbox"/> above 20 years

Note: Buildings having walls and/ or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt cloth/canvas/tarpaulin and the like are treated as "Kutchha" construction.

18. Building wise values (Please include the kutchha buildings also in this list and give individual values against such buildings)

Description of Block	Building including plinth (₹)	Machinery & Accessories	Furniture & Fixtures and other equipment's	Stock and Stock in progress	Property to be insured separately	Total	Age(yrs)	Height of Building (mts)	Construction
Total									

* Indicates those stocks which are covered on normal basis and do not fall under Serial No.20 A,B, C and D below.

19. Would you like to cover Plinth & Foundation along with your buildings Yes No

If yes, please share the Sum Insured

20. Special Coverage for Stocks only

Please Tick in the box below and give the amount to be insured against each

A- On Floater Basis		
Stocks at various locations (warehouses / godowns and /or open etc.,) can be covered on floater basis for a single Sum Insured.		
Floater Basis	Tick	Amount
B - On Declaration Basis		
Stocks which fluctuate in value can be covered on (monthly) declaration basis.		
Declaration Basis	Tick	Amount
Note:		
Minimum Sum Insured is ₹1 Crore, and policy not issued on short period basis		
Stocks in process & stocks stored at Railway sidings are not covered		
C - On Floater Declaration Basis		
Stocks which fluctuate in value as well as stored in various locations can be covered on (monthly) floater declaration basis.		
Floater Declaration Basis	Tick	Amount
Note:		
Minimum Sum Insured is ₹2 Crore		
Stocks in process & stocks stored at Railway sidings are not covered		
D - Stocks stored in open		
Stocks in open (located outside the factory compound)	Location	Amount

21. Total Sum Insured details of the covers opted by Insured.

Sr No.	Covers	Sum Insured
1	Architects, Surveyors and Consulting Engineers Fees (in excess of 3% of the claim amount)	
2	Removal of Debris (in excess of 1% of the claim amount)	
3A	Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril	
3B	Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery (ies) in the Insured's premises due to operation of insured peril.	
4	Forest Fire	
5	Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped therefrom	
6	Spontaneous Combustion	
7	Omission to Insure additions, alterations or extensions	
8	Earthquake (Fire and Shock)	
9	Spoilage Material Damage cover	
10	Leakage and Contamination cover	
11	Temporary removal of Stocks clause	
12	Loss of Rent Clause	
13	Insurance of additional expenses of Rent for an alternative accommodation	
14	Startup Expenses	
15	Terrorism Damage Cover	
16	Building wise values	
17	Stocks Floater Basis	
18	Stocks Declaration Basis	
19	Stocks Floater Declaration	
20	Stocks in open - outside factory compound	

NOMINEE DETAILS (Applicable for individual customers)

Nominee Name*	Relationship of Nominee with Proposer*	Nominee Date of Birth DD/MM/YYYY*	Nominee Mobile Number	Nominee Email ID	Nominee Present Address	Nominee Permanent Address	Nominee Bank Name and Account Details	% of claim share*

***Total % share cannot exceed more than 100%**

Where Nominee is a minor, give details of Appointee

Name of the Nominee	Name of the Appointee	Date of Birth DD/MM/YYYY	Relationship with the Nominee

Note: Please provide an additional sheet if space is not sufficient to complete details.

BANK DETAILS

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Online Payment Cheque / D.D # <input type="text"/> Drawn Amount <input type="text"/> Drawn To <input type="text"/> Date <input type="text"/> IFSC/MICR Code <input type="text"/> Bank and Branch Name: <input type="text"/> For Credit/Debit Card: <input type="text"/> Transaction Reference No: <input type="text"/> Transaction Date: <input type="text"/>	<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer; <input type="checkbox"/> Cancelled cheque submitted of other bank Account Number: <input type="text"/> IFSC/MICR Code <input type="text"/> Bank Name: <input type="text"/> Account Holder name: <input type="text"/> Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete

ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-MAIL ID IS MANDATORY)

Do you have an EIA Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please quote EIA Number	<input type="text"/>
Please mention name of Insurance Repository	<input type="text"/>
If No, do you want Us to create an EIA account for you	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill up Insurance Repository Application form)
Email id (Registered with Insurance Repository)	<input type="text"/>
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

DECLARATION

I/We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me / us and the "Zurich Kotak General Insurance Company (India) Limited. "

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory/policy servicing requirements. I/We would still want to receive a physical copy of the policy.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

AML DECLARATION

I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act,2002. I/We understand that the Company has the right to call for document to establish sources of funds. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

In case of entity, Type of Organisation making the payment:

- Limited Company Government Organisation Non-Government Organisation (NGO) Society Trust Partnership
- International Organisation Co-operatives Section 25 Company Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)?* Yes No

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Are you a Non-Profit Organization?*(only in case of an entity) Yes No

"Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013)."

Place Date

Signature of the Proposer*

ACKNOWLEDGEMENT:

Received from Ms./Mrs./ Mr.
sum of ₹ Through Cheque/DD against your proposal for Fire Secure.

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary

Date

Zurich Kotak General Insurance Company (India) Limited Official/Intermediary Name:

Time: : Place:

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Fire Secure and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realised. If a proposal is not accepted, Zurich Kotak General Insurance Company (India) Limited will inform you and refund any payment received from you without interest.

VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression / signature after fully understanding the contents thereof.

Signature / Stamp of the Proposer*

Place Date

Signature of Intermediary / Sales Person*

DECLARATION IN CASE THE PROPOSER/ POLICYHOLDER IS PERSON WITH DISABILITY (PWD) (Applicable for individual customers)

I hereby declare that I _____, am a person with a disability and require assistance in completing this proposal form. I authorize _____ [Name of Representative], to act as my authorized representative and provide necessary declaration on my behalf for this Insurance Policy.

Signature/Thumb impression of Proposer

Place* Date*

Signature of Authorised Representative*

DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the thumb impression / signature after fully understanding the features thereof.

Signature / Stamp of the Proposer*

Place Date

Signature & Stamp as applicable of the Insurance Advisor/Specified person of Corporate Agent/Authorised Employee of Broker/Sales person*

STATUTORY WARNING

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938 as amended)

- 1) No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.